PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)* **FEE TRANSMITTAL** **For FY 2007**	**Complete if Known**	
	Application Number	10/632,958
	Filing Date	August 4, 2003
	First Named Inventor	TAKESHI IKEDA

[ ] Applicant claims small entity status. See 37 C.F.R. 1.27	Examiner Name	T. Henn
	Art Unit	2622

TOTAL AMOUNT OF PAYMENT	$210.00	Attorney Docket No.	03500.017465

METHOD OF PAYMENT (check all that apply)

[ ] Check   [ ] Credit Card   [ ] Money Order   [ ] None   [ ] Other (please identify): _____

[X] Deposit Account   Deposit Account Number: __06-1205__   Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[X] Charge fee(s) indicated below   [ ] Charge fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or underpayments of   [X] Credit any overpayments
fee(s) under 37 C.F.R. 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		**Small Entity**		**Small Entity**	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee($)**	**Fee($)**	**Fee($)**	**Fees Paid ($)**
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

		Small Entity
Fee Description	**Fee($)**	**Fee($)**
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims   **Extra Claims**   **Fee ($)**   **Fee Paid ($)**   **Multiple Dependent Claims**

__4__ - 20 or HP = __0__ x __$50__ = __0__

HP = highest number of total claims paid for, if greater than 20

Fee($)   Fee Paid ($)

$360 _____   _____

Indep. Claims   **Extra Claims**   **Fee($)**   **Fee Paid ($)**

__4__ - 3 or HP = __1__ x __210.00__ = __210.00__

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets   **Extra Sheets**   **Number of each additional 50 or fraction thereof**   **Fee ($)**   **Fee Paid ($)**

_____ - 100 = _____ / 50 = _____ (round **up** to a whole number) x _____ = _____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other:_____   _____

SUBMITTED BY

Signature	/Gary M. Jacobs/	Registration No. (Attorney/Agent) 28,861	Telephone 202-530-1010
Name (Print/Type)	Gary M. Jacobs		January 9, 2008

GMJ/ntb